

**BOARD OF REGISTERED NURSING**

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



## CHANGE OF ADDRESS AND/OR NAME LICENSEES

RN License Number: \_\_\_\_\_

**PLEASE PRINT OR TYPE**

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
RN LICENSE NUMBER:	DATE OF BIRTH: <i>(Month/Day/Year)</i>	PHONE NUMBER:	E-MAIL ADDRESS:		

### COMPLETE FOR CHANGE OF ADDRESS ONLY

PREVIOUS ADDRESS: <i>Number and Street</i>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>
NEW ADDRESS: <i>Number and Street</i>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>

### COMPLETE FOR CHANGE OF NAME ONLY

YOU **MUST** SUBMIT A PHOTOCOPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES. Examples of acceptable forms of legal documentation are **birth certificate, marriage certificate, divorce decree, court documents, social security card or passport.**

PREVIOUS NAME: <i>Last</i>	<i>First</i>	<i>Middle</i>
NEW NAME: <i>Last</i>	<i>First</i>	<i>Middle</i>

### OPTION: ORDER A REPLACEMENT LICENSE CARD *(Permanent Licenses Only)*

To order a replacement card as a result of a name change, you are required to **return the card(s) with your old name** to the Board. There is a **\$30 fee per license** (limit one per license type).

Check the boxes below to indicate the replacement license type card(s) you are requesting:

<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Clinical Nurse Specialist	Total fee enclosed:
<input type="checkbox"/> Furnishing Number (NP)	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Furnishing Number (CNM)	\$ _____

I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_